COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Signature: Pei-Miny Shan	Date: March 24, 2004
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COMBINED DECLARATION AND POWER OF ATTORNEY

As the below named inventor, I hereby declare that:

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My residence, post office address and citizenship are as stated below next to my name and that I believe I am an original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD OF MOTION DETECTION FOR 3D COMB FILTER VIDEO DECODER

	specification of whic				
<u>X</u>	is attached hereto.				
	was filed on as Application Seri	al No	and was amended on		
appl appl fore	cification, including t I acknowledge the lication in accordanc I hereby claim fore lication(s) for paten	he claims, as amended duty to disclose informate with Title 37, Code of the dign priority benefits und the first or inventor's certificated;	nd understand the content by any amendment referred mation which is material to f Federal Regulations, § 1. Her Title 35, United States Content to listed below and have ficate having a filing date be	ed to above. the patent 56(a). code, § 119 also identifi	ability of th of any foreig ed below ar
	Number	Country	Date Filed(yyyy/mm/dd)	Yes	No
	92136373	Taiwan, R.O.C.	2003/12/22	Х	
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	SEND CORRESPONDENCE TO: JIANQ CHYUN Intellectual Property Office 7F1, No. 100, Roosevelt Rd., Sec. 2, Taipei 100, Taiwan, R.O.C. TEL: 886-2-2369 2800			DIRECT TELEPHONE CALLS TO: (Name and telephone number)	
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